

Survey

Survey Name: May YRBS

Survey ID: 2495

Question # 1

Cluster: Demographics

How old are you?

- 1 : 12 years old or younger
- 2 : 13 years old
- 3 : 14 years old
- 4 : 15 years old
- 5 : 16 years old
- 6 : 17 years old
- 7 : 18 years old or older

Question # 2

Cluster: Demographics

What is your sex?

- 1 : Female
- 2 : Male

Question # 3

Cluster: Demographics

In what grade are you?

- 1 : 9th grade
- 2 : 10th grade
- 3 : 11th grade
- 4 : 12th grade
- 5 : Ungraded or other grade

Question # 4

Cluster: Demographics

Are you Hispanic or Latino?

- 1 : Yes
- 2 : No

Question # 5

Cluster: Demographics

What is your race? (Select one or more responses.)

- 1 : American Indian or Alaska Native

- 2 : Asian
- 3 : Black or African American
- 4 : Native Hawaiian or Other Pacific Islander
- 5 : White

Question # 6

Cluster: Demographics

During the past 12 months, how would you describe your grades in school?

- 1 : Mostly A's
- 2 : Mostly B's
- 3 : Mostly C's
- 4 : Mostly D's
- 5 : Mostly F's
- 7 : None of these grades
- 8 : Not sure

Question # 7

Cluster: Acculturation

Do you live in Wauwatosha?

- 1 : Yes
- 2 : No
- 3 : Sometimes

Question # 8

Cluster: Health Status

How do you describe your health in general?

- 1 : Excellent
- 2 : Very Good
- 3 : Good
- 4 : Fair
- 5 : Poor

Question # 9

Cluster: Health Status

During the past 30 days, on how many days was your physical health not good? (Physical health includes physical illness and injury.)

- 1 : 0 days
- 2 : 1 day
- 3 : 2 days
- 4 : 3 days
- 5 : 4 to 5 days

- 6 : 6 to 7 days
- 7 : 8 to 13 days
- 8 : 14 or more days

Question # 10

Cluster: Health Status

During the past 30 days, on how many days was your mental health not good? (Mental health includes stress, depression, and problems with emotions.)

- 1 : 0 days
- 2 : 1 day
- 3 : 2 days
- 4 : 3 days
- 5 : 4 to 5 days
- 6 : 6 to 7 days
- 7 : 8 to 13 days
- 8 : 14 or more days

Question # 11

Cluster: Traffic Safety

How often do you wear a seat belt when riding in a car driven by someone else?

- 1 : Never
- 2 : Rarely
- 3 : Sometimes
- 4 : Most of the time
- 5 : Always

Question # 12

Cluster: Traffic Safety

During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- 1 : 0 times
- 2 : 1 time
- 3 : 2 or 3 times
- 4 : 4 or 5 times
- 5 : 6 or more times

Question # 13

Cluster: Traffic Safety

During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- 1 : 0 times

- 2 : 1 time
- 3 : 2 or 3 times
- 4 : 4 or 5 times
- 5 : 6 or more times

Question # 14

Cluster: Weapons

During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?

- 1 : 0 days
- 2 : 1 day
- 3 : 2 or 3 days
- 4 : 4 or 5 days
- 5 : 6 or more days

Question # 15

Cluster: Weapons

During the past 30 days, on how many days did you carry a gun?

- 1 : 0 days
- 2 : 1 day
- 3 : 2 or 3 days
- 4 : 4 or 5 days
- 5 : 6 or more days

Question # 16

Cluster: Weapons

During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- 1 : 0 days
- 2 : 1 day
- 3 : 2 or 3 days
- 4 : 4 or 5 days
- 5 : 6 or more days

Question # 17

Cluster: Weapons

During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?

- 1 : 0 days
- 2 : 1 day
- 3 : 2 or 3 days
- 4 : 4 or 5 days

5 : 6 or more days

Question # 18

Cluster: Weapons

During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?

1 : 0 times

2 : 1 time

3 : 2 or 3 times

4 : 4 or 5 times

5 : 6 or 7 times

6 : 8 or 9 times

7 : 10 or 11 times

8 : 12 or more times

Question # 19

Cluster: Threats and Personal Safety

During the past 12 months, how many times has someone tried to hurt you by hitting, punching, or kicking you while on school property?

1 : 0 times

2 : 1 time

3 : 2 or 3 times

4 : 4 or 5 times

5 : 6 or 7 times

6 : 8 or 9 times

7 : 10 or 11 times

8 : 12 or more times

Question # 20

Cluster: Threats and Personal Safety

When you are at school, how often do you feel safe from physical harm?

1 : Never

2 : Rarely

3 : Sometimes

4 : Most of the time

5 : Always

Question # 21

Cluster: Threats and Personal Safety

Do you agree or disagree that violence is a problem at your school?

1 : Strongly agree

- 2 : Agree
- 3 : Not sure
- 4 : Disagree
- 5 : Strongly disagree

Question # 22

Cluster: Threats and Personal Safety

During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- 1 : Yes
- 2 : No

Question # 23

Cluster: Threats and Personal Safety

Have you ever been forced, either verbally or physically, to take part in a sexual activity?

- 1 : Yes
- 2 : No
- 3 : Not sure

Question # 24

Cluster: Threats and Personal Safety

During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- 1 : 0 times
- 2 : 1 time
- 3 : 2 or 3 times
- 4 : 4 or 5 times
- 5 : 6 or more times

Question # 25

Cluster: Bullying

During the past 12 months, have you been harassed, picked on, or bullied while using electronic communication, such as e-mail, chat room, cell phone, or instant messaging?

- 1 : I didn't use electronic communication during the past 12 months.
- 2 : Yes
- 3 : No
- 4 : Not sure

Question # 26

Cluster: Community Connectedness

How often do you feel safe and secure in your neighborhood?

- 1 : Never
- 2 : Rarely
- 3 : Sometimes
- 4 : Most of the time
- 5 : Always

Question # 27

Cluster: Gang Activity

During the past 12 months, how many times have you felt threatened or been injured as a result of gang activity?

- 1 : 0 times
- 2 : 1 time
- 3 : 2 or 3 times
- 4 : 4 or 5 times
- 5 : 6 or 7 times
- 6 : 8 or 9 times
- 7 : 10 or 11 times
- 8 : 12 or more times

Question # 28

Cluster: Bullying

During the past 12 months, have you ever been bullied on school property?

- 1 : Yes
- 2 : No

Question # 29

Cluster: Bullying

Do you agree or disagree that harassment and bullying by other students is a problem at your school?

- 1 : Strongly agree
- 2 : Agree
- 3 : Not sure
- 4 : Disagree
- 5 : Strongly disagree

Question # 30

Cluster: Depression and Suicide

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- 1 : Yes
- 2 : No

Question # 31

Cluster: Depression and Suicide

During the past 12 months, did you ever seriously consider attempting suicide?

1 : Yes

2 : No

Question # 32

Cluster: Depression and Suicide

During the past 12 months, did you make a plan about how you would attempt suicide?

1 : Yes

2 : No

Question # 33

Cluster: Depression and Suicide

During the past 12 months, how many times did you actually attempt suicide?

1 : 0 times

2 : 1 time

3 : 2 or 3 times

4 : 4 or 5 times

5 : 6 or more times

Question # 34

Cluster: Depression and Suicide

If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

1 : I did not attempt suicide during the past 12 months

2 : Yes

3 : No

Question # 35

Cluster: Tobacco Use

Have you ever tried cigarette smoking, even one or two puffs?

1 : Yes

2 : No

Question # 36

Cluster: Tobacco Use

How old were you when you smoked a whole cigarette for the first time?

1 : I have never smoked a whole cigarette

2 : 8 years old or younger

- 3 : 9 or 10 years old
- 4 : 11 or 12 years old
- 5 : 13 or 14 years old
- 6 : 15 or 16 years old
- 7 : 17 years old or older

Question # 37

Cluster: Tobacco Use

During the past 30 days, on how many days did you smoke cigarettes?

- 1 : 0 days
- 2 : 1 or 2 days
- 3 : 3 to 5 days
- 4 : 6 to 9 days
- 5 : 10 to 19 days
- 6 : 20 to 29 days
- 7 : All 30 days

Question # 38

Cluster: Tobacco Use

During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- 1 : I did not smoke cigarettes during the past 30 days
- 2 : Less than 1 cigarette per day
- 3 : 1 cigarette per day
- 4 : 2 to 5 cigarettes per day
- 5 : 6 to 10 cigarettes per day
- 6 : 11 to 20 cigarettes per day
- 7 : More than 20 cigarettes per day

Question # 39

Cluster: Tobacco Use

During the past 30 days, on how many days did you smoke cigarettes on school property?

- 1 : 0 days
- 2 : 1 or 2 days
- 3 : 3 to 5 days
- 4 : 6 to 9 days
- 5 : 10 to 19 days
- 6 : 20 to 29 days
- 7 : All 30 days

Question # 40

Cluster: Tobacco Use

Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

1 : Yes

2 : No

Question # 41

Cluster: Tobacco Use

During the past 12 months, did you ever try to quit smoking cigarettes?

1 : I did not smoke during the past 12 months

2 : Yes

3 : No

Question # 42

Cluster: Tobacco Use

During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

1 : 0 days

2 : 1 or 2 days

3 : 3 to 5 days

4 : 6 to 9 days

5 : 10 to 19 days

6 : 20 to 29 days

7 : All 30 days

Question # 43

Cluster: Tobacco Use

During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

1 : 0 days

2 : 1 or 2 days

3 : 3 to 5 days

4 : 6 to 9 days

5 : 10 to 19 days

6 : 20 to 29 days

7 : All 30 days

Question # 44

Cluster: Alcohol Use

During your life, on how many days have you had at least one drink of alcohol?

1 : 0 days

2 : 1 or 2 days

3 : 3 to 9 days

4 : 10 to 19 days

- 5 : 20 to 39 days
- 6 : 40 to 99 days
- 7 : 100 or more days

Question # 45

Cluster: Alcohol Use

How old were you when you had your first drink of alcohol other than a few sips?

- 1 : I have never had a drink of alcohol other than a few sips
- 2 : 8 years old or younger
- 3 : 9 or 10 years old
- 4 : 11 or 12 years old
- 5 : 13 or 14 years old
- 6 : 15 or 16 years old
- 7 : 17 years old or older

Question # 46

Cluster: Alcohol Use

During the past 30 days, on how many days did you have at least one drink of alcohol?

- 1 : 0 days
- 2 : 1 or 2 days
- 3 : 3 to 5 days
- 4 : 6 to 9 days
- 5 : 10 to 19 days
- 6 : 20 to 29 days
- 7 : All 30 days

Question # 47

Cluster: Alcohol Use

During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 1 : 0 days
- 2 : 1 day
- 3 : 2 days
- 4 : 3 to 5 days
- 5 : 6 to 9 days
- 6 : 10 to 19 days
- 7 : 20 or more days

Question # 48

Cluster: Alcohol Use

During the past 30 days, how did you usually get the alcohol you drank?

- 1 : I did not drink alcohol during the past 30 days
- 2 : I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- 3 : I bought it at a restaurant, bar, or club
- 4 : I bought it at a public event such as a concert or sporting event
- 5 : I gave someone else money to buy it for me
- 6 : Someone gave it to me
- 7 : I took it from a store or family member
- 8 : I got it some other way

Question # 49

Cluster: Alcohol Use

How much do you approve or disapprove of people having 5 or more drinks of alcohol in a row, that is, within a couple of hours once or twice each weekend?

- 1 : Strongly approve
- 2 : Approve
- 3 : Neither approve nor disapprove
- 4 : Disapprove
- 5 : Strongly disapprove

Question # 50

Cluster: Alcohol Use

How many people your age would say it is okay to have 5 or more drinks of alcohol in a row, that is, within a couple of hours once or twice each weekend?

- 1 : None
- 2 : A few
- 3 : Some
- 4 : Most
- 5 : All
- 6 : Not sure

Question # 51

Cluster: Alcohol Use

How much do you think people risk harming themselves (physically or in other ways) if they have 5 or more drinks of alcohol in a row, that is, within a couple of hours once or twice each weekend?

- 1 : No risk
- 2 : Slight risk
- 3 : Moderate risk
- 4 : Great risk
- 5 : Not sure

Question # 52

Cluster: Alcohol Use

How wrong do your parents feel it would be for you to drink alcohol at least twice a month?

- 1 : Very wrong
- 2 : Wrong
- 3 : A little bit wrong
- 4 : Not at all wrong
- 5 : Not sure

Question # 53

Cluster: Alcohol Use

During the past 30 days, where did you usually drink alcohol?

- 1 : I did not drink alcohol during the past 30 days
- 2 : At my home
- 3 : At another person's home
- 4 : At a restaurant, bar, or club
- 5 : At a public place such as a park, beach, or parking Lot
- 6 : At a public event such as a concert or sporting event
- 7 : On school property

Question # 54

Cluster: Parent Attitudes

How would your parents or other adults in your family feel if you attended a party where alcoholic beverages were available?

- 1 : Approve
- 2 : Would not care
- 3 : Disapprove
- 4 : Not sure

Question # 55

Cluster: Marijuana Use

During your life, how many times have you used marijuana?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 to 99 times
- 7 : 100 or more times

Question # 56

Cluster: Marijuana Use

How old were you when you tried marijuana for the first time?

- 1 : I have never tried marijuana
- 2 : 8 years old or younger
- 3 : 9 or 10 years old
- 4 : 11 or 12 years old
- 5 : 13 or 14 years old
- 6 : 15 or 16 years old
- 7 : 17 years old or older

Question # 57

Cluster: Marijuana Use

During the past 30 days, how many times did you use marijuana?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 58

Cluster: Marijuana Use

How much do you approve or disapprove of people smoking marijuana occasionally?

- 1 : Strongly approve
- 2 : Approve
- 3 : Neither approve nor disapprove
- 4 : Disapprove
- 5 : Strongly disapprove

Question # 59

Cluster: Marijuana Use

How many people your age would say it is okay to smoke marijuana occasionally?

- 1 : None
- 2 : A few
- 3 : Some
- 4 : Most
- 5 : All
- 6 : Not sure

Question # 60

Cluster: Marijuana Use

How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana occasionally?

- 1 : No risk
- 2 : Slight risk
- 3 : Moderate risk
- 4 : Great risk
- 5 : Not sure

Question # 61

Cluster: Other Drug Use

During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 62

Cluster: Other Drug Use

During your life, how many times have you taken a over-the-counter drug to get high?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 63

Cluster: Other Drug Use

During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 64

Cluster: Other Drug Use

During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 65

Cluster: Other Drug Use

During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 66

Cluster: Other Drug Use

During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 67

Cluster: Other Drug Use

During your life, how many times have you used heroin (also called smack, junk, or China White)?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 68

Cluster: Other Drug Use

During your life, how many times have you used ecstasy (also called MDMA)?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 69

Cluster: Other Drug Use

During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

- 1 : Yes
- 2 : No

Question # 70

Cluster: Cocaine

How old were you when you tried any form of cocaine, including powder, crack or freebase, for the first time?

- 1 : I have never tried cocaine
- 2 : 8 years old or younger
- 3 : 9 or 10 years old
- 4 : 11 or 12 years old
- 5 : 13 or 14 years old
- 6 : 15 or 16 years old
- 7 : 17 years old or older

Question # 71

Cluster: Inhalant

How old were you when you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high for the first time?

- 1 : I have never tried inhalants
- 2 : 8 years old or younger
- 3 : 9 or 10 years old
- 4 : 11 or 12 years old
- 5 : 13 or 14 years old
- 6 : 15 or 16 years old
- 7 : 17 years old or older

Question # 72

Cluster: Inhalant

During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 73

Cluster: Other Drug Use

During the past 30 days, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 74

Cluster: Other Drug Use

During the past 30 days, how many times have you taken steroid pills or shots without a doctor's prescription?

- 1 : 0 times
- 2 : 1 or 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 75

Cluster: Other Drug Use

How old were you when you tried heroin (also called smack, junk, or China White) for the first time?

- 1 : I have never tried heroin
- 2 : 8 years old or younger
- 3 : 9 or 10 years old

- 4 : 11 or 12 years old
- 5 : 13 or 14 years old
- 6 : 15 or 16 years old
- 7 : 17 years old or older

Question # 76

Cluster: Over-the-counter

During the past 30 days, how many times have you taken over-the-counter drugs to get high?

- 1 : 0 times
- 2 : 1 to 2 times
- 3 : 3 to 9 times
- 4 : 10 to 19 times
- 5 : 20 to 39 times
- 6 : 40 or more times

Question # 77

Cluster: School Experience

Do you agree or disagree that illegal drugs are a problem at your school?

- 1 : Strongly agree
- 2 : Agree
- 3 : Not sure
- 4 : Disagree
- 5 : Strongly disagree

Question # 78

Cluster: Sexual Behavior

It is important to me to delay having sexual intercourse until ... (Select only one response.)

- 1 : I'm married
- 2 : I'm engaged
- 3 : I'm an adult and in a long-term committed relationship
- 4 : I'm in love
- 5 : I finish high school
- 6 : It is not important to me to delay having sexual intercourse
- 7 : Not sure

Question # 79

Cluster: Sexual Behavior

Have you ever had sexual intercourse?

- 1 : Yes
- 2 : No

Question # 80

Cluster: Sexual Behavior

How old were you when you had sexual intercourse for the first time?

- 1 : I have never had sexual intercourse
- 2 : 11 years old or younger
- 3 : 12 years old
- 4 : 13 years old
- 5 : 14 years old
- 6 : 15 years old
- 7 : 16 years old
- 8 : 17 years old or older

Question # 81

Cluster: Sexual Behavior

During your life, with how many people have you had sexual intercourse?

- 1 : I have never had sexual intercourse
- 2 : 1 person
- 3 : 2 people
- 4 : 3 people
- 5 : 4 people
- 6 : 5 people
- 7 : 6 or more people

Question # 82

Cluster: Sexual Behavior

During the past 3 months, with how many people did you have sexual intercourse?

- 1 : I have never had sexual intercourse
- 2 : I have had sexual intercourse, but not during the past 3 months
- 3 : 1 person
- 4 : 2 people
- 5 : 3 people
- 6 : 4 people
- 7 : 5 people
- 8 : 6 or more people

Question # 83

Cluster: Sexual Behavior

Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- 1 : I have never had sexual intercourse
- 2 : Yes
- 3 : No

Question # 84

Cluster: Sexual Behavior

The last time you had sexual intercourse, did you or your partner use a condom?

- 1 : I have never had sexual intercourse
- 2 : Yes
- 3 : No

Question # 85

Cluster: Sexual Behavior

The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.)

- 1 : I have never had sexual intercourse
- 2 : No method was used to prevent pregnancy
- 3 : Birth control pills
- 4 : Condoms
- 5 : Depo-Provera (injectable birth control)
- 6 : Withdrawal
- 7 : Some other method
- 8 : Not sure

Question # 86

Cluster: Sexual Behavior

During your life, with whom have you had sexual contact?

- 1 : I have never had sexual contact
- 2 : Females
- 3 : Males
- 4 : Females and males

Question # 87

Cluster: Eating Habits

During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- 1 : I did not drink 100% fruit juice during the past 7 days
- 2 : 1 to 3 times during the past 7 days
- 3 : 4 to 6 times during the past 7 days
- 4 : 1 time per day
- 5 : 2 times per day
- 6 : 3 times per day
- 7 : 4 or more times per day

Question # 88

Cluster: Eating Habits

During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)

- 1 : I did not eat fruit during the past 7 days
- 2 : 1 to 3 times during the past 7 days
- 3 : 4 to 6 times during the past 7 days
- 4 : 1 time per day
- 5 : 2 times per day
- 6 : 3 times per day
- 7 : 4 or more times per day

Question # 89

Cluster: Eating Habits

During the past 7 days, how many times did you eat green salad?

- 1 : I did not eat green salad during the past 7 days
- 2 : 1 to 3 times during the past 7 days
- 3 : 4 to 6 times during the past 7 days
- 4 : 1 time per day
- 5 : 2 times per day
- 6 : 3 times per day
- 7 : 4 or more times per day

Question # 90

Cluster: Eating Habits

During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)

- 1 : I did not eat potatoes during the past 7 days
- 2 : 1 to 3 times during the past 7 days
- 3 : 4 to 6 times during the past 7 days
- 4 : 1 time per day
- 5 : 2 times per day
- 6 : 3 times per day
- 7 : 4 or more times per day

Question # 91

Cluster: Eating Habits

During the past 7 days, how many times did you eat carrots?

- 1 : I did not eat carrots during the past 7 days
- 2 : 1 to 3 times during the past 7 days
- 3 : 4 to 6 times during the past 7 days

- 4 : 1 time per day
- 5 : 2 times per day
- 6 : 3 times per day
- 7 : 4 or more times per day

Question # 92

Cluster: Eating Habits

During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

- 1 : I did not eat other vegetables during the past 7 days
- 2 : 1 to 3 times during the past 7 days
- 3 : 4 to 6 times during the past
- 4 : 1 time per day
- 5 : 2 times per day
- 6 : 3 times per day
- 7 : 4 or more times per day

Question # 93

Cluster: Eating Habits

During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)

- 1 : I did not drink soda or pop during the past 7 days
- 2 : 1 to 3 times during the past 7 days
- 3 : 4 to 6 times during the past 7 days
- 4 : 1 time per day
- 5 : 2 times per day
- 6 : 3 times per day
- 7 : 4 or more times per day

Question # 94

Cluster: Eating Habits

During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- 1 : I did not drink milk during the past 7 days
- 2 : 1 to 3 glasses during the past 7 days
- 3 : 4 to 6 glasses during the past 7 days
- 4 : 1 glass per day
- 5 : 2 glasses per day
- 6 : 3 glasses per day
- 7 : 4 or more glasses per day

Question # 95

Cluster: Eating Habits

During the past 30 days, how often did you go hungry because there was not enough food in your home?

- 1 : Never
- 2 : Rarely
- 3 : Sometimes
- 4 : Most of the time
- 5 : Always

Question # 96

Cluster: Dietary Behaviors

During the past 7 days, how many times did you drink a power drink, such as Red Bull, Monster, or Volt?

- 1 : I did not drink a power drink during the past 7 days
- 2 : 1 to 3 times during the past 7 days
- 3 : 4 to 6 times during the past 7 days
- 4 : 1 time per day
- 5 : 2 times per day
- 6 : 3 times per day
- 7 : 4 or more times per day

Question # 97

Cluster: Dietary Behaviors

During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?

- 1 : Yes
- 2 : No

Question # 98

Cluster: Family Interaction/Support

About how often do you eat meals with one or more of the adults in your home?

- 1 : Never
- 2 : 1 time a week
- 3 : 2 to 3 times a week
- 4 : 4 to 6 times a week
- 5 : 7 to 10 times a week
- 6 : More than 10 times a week

Question # 99

Cluster: Physical Activity

During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- 1 : 0 days
- 2 : 1 day
- 3 : 2 days
- 4 : 3 days
- 5 : 4 days
- 6 : 5 days
- 7 : 6 days
- 8 : 7 days

Question # 100

Cluster: Physical Activity

On an average school day, how many hours do you watch TV?

- 1 : I do not watch TV on an average school day`
- 2 : Less than 1 hour per day
- 3 : 1 hour per day
- 4 : 2 hours per day
- 5 : 3 hours per day
- 6 : 4 hours per day
- 7 : 5 or more hours per day

Question # 101

Cluster: Physical Activity

On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)

- 1 : I do not play video or computer games or use a computer for something that is not school work
- 2 : Less than 1 hour per day
- 3 : 1 hour per day
- 4 : 2 hours per day
- 5 : 3 hours per day
- 6 : 4 hours per day
- 7 : 5 or more hours per day

Question # 102

Cluster: Physical Activity

In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- 1 : 0 days
- 2 : 1 day
- 3 : 2 days
- 4 : 3 days
- 5 : 4 days
- 6 : 5 days

Question # 103

Cluster: Physical Activity

Do you agree or disagree that being physically active on most days is important to your health?

- 1 : Agree
- 2 : Disagree
- 3 : Not sure

Question # 104

Cluster: Exercise

On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- 1 : 0 days
- 2 : 1 day
- 3 : 2 days
- 4 : 3 days
- 5 : 4 days
- 6 : 5 days
- 7 : 6 days
- 8 : 7 days

Question # 105

Cluster: Diabetes

Has a doctor or nurse ever told you that you have diabetes?

- 1 : Yes
- 2 : No
- 3 : Not sure

Question # 106

Cluster: Health Check-Up

Have you ever been told by a doctor or nurse that you had a sexually transmitted disease (STD)?

- 1 : Yes
- 2 : No
- 3 : Not sure

Question # 107

Cluster: Health Practices

On an average school night, how many hours of sleep do you get?

- 1 : 4 or less hours
- 2 : 5 hours
- 3 : 6 hours
- 4 : 7 hours
- 5 : 8 hours
- 6 : 9 hours
- 7 : 10 or more hours

Question # 108

Cluster: Social Support

Do you agree or disagree that your family loves you and gives you help and support when you need it?

- 1 : Strongly agree
- 2 : Agree
- 3 : Not sure
- 4 : Disagree
- 5 : Strongly disagree

Question # 109

Cluster: Social Support

Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?

- 1 : Strongly agree
- 2 : Agree
- 3 : Not sure
- 4 : Disagree
- 5 : Strongly disagree

Question # 110

Cluster: Social Support

Do you agree or disagree that you feel like you belong at this school?

- 1 : Strongly agree
- 2 : Agree
- 3 : Not sure
- 4 : Disagree
- 5 : Strongly disagree

Question # 111

Cluster: Social Support

Is there at least one teacher or other adult in this school that you can talk to if you have a problem?

- 1 : Yes
- 2 : No
- 3 : Not sure

Question # 112

Cluster: Social Support

When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk to about it?

- 1 : I do not feel sad, empty, hopeless, angry, or anxious
- 2 : Parent or other adult family member
- 3 : School nurse
- 4 : School counselor or teacher
- 5 : Other adult
- 6 : Friend
- 7 : Sibling
- 8 : Not sure

Question # 113

Cluster: Social Support

If you had a problem with tobacco, alcohol, or other drugs, with whom would you most likely talk to about it?

- 1 : Parent or other adult family member
- 2 : School nurse
- 3 : School counselor or teacher
- 4 : Doctor
- 5 : Other adult
- 6 : Friend
- 7 : Sibling
- 8 : Not sure

Question # 114

Cluster: Attitudes And Beliefs

Do you agree or disagree that you are good at making decisions and following through on them?

- 1 : Strongly agree
- 2 : Agree
- 3 : Not sure
- 4 : Disagree

5 : Strongly disagree

Question # 115

Cluster: Attitudes And Beliefs

Do you agree or disagree that you can resist negative peer pressure and dangerous situations?

1 : Strongly agree

2 : Agree

3 : Not sure

4 : Disagree

5 : Strongly disagree

Question # 116

Cluster: Attitudes And Beliefs

How do you describe your weight?

1 : Very underweight

2 : Slightly underweight

3 : About the right weight

4 : Slightly overweight

5 : Very overweight